



FACTS

about
Connecticut
Women

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Physical Activity: Disease Prevention for Women and Girls

Regular exercise and physical activity reduces morbidity and mortality from chronic diseases, such as cardiovascular disease.¹ Physical *in*activity is more prevalent in women, African Americans, and Hispanics, and has been linked to obesity, which often stems from childhood into adulthood.² In Connecticut, 25% of children between the ages of 6-17 are considered overweight.³ Exercise programs that increase regular physical activity have improved fitness levels in children, and are viewed as critical to reducing adult cardiovascular diseases. In fact, children who were not involved in physical education in schools reported less physical activity overall.⁴

Significance of Physical Activity for Girls

Increasing physical activity is particularly important for the health and well-being of girls.⁵

- Girls are significantly less active than boys and more likely to be sedentary, yet 75% of them believe they get sufficient exercise. Nationally, 15% of girls between the ages of 6-19 are considered overweight.⁶
- Daily physical education in primary school has long-term, positive effects on the exercise habits in women as the likelihood of a physically active lifestyle increases significantly. If girls do not participate in a sport by the age of 10, there is less than a 10% chance that they will be participating in a sport at age 25.⁷
- Engaging in physical activity one to three hours a week beginning in the teenage years may bring a 20-30% reduction in the risk of breast cancer, and four or more hours of exercise a week can reduce the risk almost 60%.⁸
- Furthermore, participation in physical activity leads to an increase in sports, which have been shown to positively affect girls' sexual behavior.⁹ Girls who participate in sports have been shown to be less likely to get pregnant, be virgins, have sex later in adolescence, have sex less often, and have fewer sexual partners.

The Cost of Obesity

Increasing physical activity during school would be an effective strategy for minimizing health care costs by reducing obesity-related diseases.

- In 2003, direct health costs associated with the treatment of obesity-related diseases amounted to \$75 billion nationally.¹⁰
- In 2003, health costs associated with obesity-related illnesses amounted to \$856 million in Connecticut.¹¹

Beyond Obesity: The Benefits of Physical Activity

Increasing physical activity within schools also provides critical benefits to school performance.¹²

- Physical activity improves concentration, memory, and behavior.
- Reducing curricular time and allocating this time instead to physical activity not only does not impede academic performance, but indeed, leads to an increase in academic performance per unit of time.

Physical activity positively affects the mental health of students.⁶

- Physical activity leads to a decrease in anxiety and depression among students.
- Physical activity increases students' self-perception of their physical abilities, such as their sport competence, strength, endurance, or appearance.

Increasing physical activity in school-age children is critical for the physical health, school performance, and emotional well-being of Connecticut children. Initiatives which support the increase of physical activity can reduce health care expenditures through prevention.

¹ Harsha, D. (1995). The benefits of physical activity in childhood. *American Journal of Medical Science*, 310 (Suppl 1): S109-13.

² American Heart Association. *Heart Disease and Stroke Statistics--2004 Update*.

³ Buhl, L., Meliso, P., Roman, S., Zito, K., & DeChello, L. on behalf of the University of Connecticut Graduate Program in Public Health. (2005). *Halting Childhood Obesity in Connecticut*. Farmington, CT.

⁴ Myers, L., Strikmiller, P., Webber, L., & Berenson, G. (1996). Physical and sedentary activity in school children grades 5-8: The Bogalusa Heart Study. *Medicine & Science in Sports & Exercise*, 28 (7): 852-859.

⁵ Women Sports Foundation (2006).

⁶ Hedley, A., Ogden, C., Johnson, C., Carroll, M., Curtin, L., & Flegal, K. (2004). Overweight and obesity among US children, adolescents, and adults, 1999-2002. *Journal of the American Medical Association*, 291:2847-50.

⁷ Women Sports Foundation (2006).

⁸ Bernstein, L., Henderson, B., Hanisch, R., Sullivan-Halley, J., & Ross, R. (1994). Physical exercise and reduced risk of breast cancer in young women. *Journal of the National Cancer Institute*, 86: 1403-1408.

⁹ Dodge, T., & Jaccard, J. (2002). Participation in athletics and female sexual risk behavior: The evaluation of four causal structures. *Journal of Adolescent Research*, 17:42-67.

¹⁰ U.S. Department of Health and Human Services, Centers for Disease and Control Prevention, 2004.

¹¹ Finkelstein, E., Fiebelkorn, I., & Wang, G. (2004). State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research*, 12: 18-24.

¹² Strong, W., et al. (2005). Evidence based physical activity for school-age youth. *Journal of Pediatrics*, 146: 732-7.